TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is peressary, please execute the certificate, writing the vord "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a funeral direction of a should be forwarded by Chief Med xaminer's Office along with farm PM3. Page 5 may be retained by your files.

TO FUNERAL EXECTOR: Page 2 nould be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crymatian.

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_									Keg. U	IST, PEC	4		
	PLACE OF DEATH a. COUNTY	orchester		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Maryland b. COUNTY Dorchester							
	b. CITY OR TOWN II ond give record town Toddy		RURAL	50 yrs	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Toddville							
	d. NAME OF HOSPIT	TAL OR INSTITUTION (H	f not in hospit	tal, give street address	1)	d. STREET ADDRESS NO					e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	Firs Geor		Middle Abbott		Lost	4. DATE OF DEATH	Mon	2	Doy 1		Year 19 59	
5.	sex M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED [_	7/4/1877		9. AGE (In years last birthday) 811 yrs.	IF UNDER Months	TYEAR Days	Hours	ER 24 HRS Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Waterman				D OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote Deals Isl			12. CIT	USA		COUNTRY	
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN							
18		W. Abbott	area la ca		100 000	Louisa We	oster						
	No se unknown	ER IN U. S. ARMED FOR Iff yes, give wor or dates of s	ervice)	NO SECURITY NO.		ormant urmam Abbot	t, To	Addres oddville,					
		diote couse DUE TO	_	oronary oc	clus	ion					1 d	ATH	
CERTIFICATION		HER SIGNIFICANT CONE				T RELATED TO THE TERM			VEN IN PAR		9. WAS PERFO YES	AUTOPSY DRMED? NO	
CERT	PRIMARY OF CO	NTRIBUTING 🗆				or many miles	7 7 61 7 611 11	or rion voly					
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year	20d, INJ While at work	_ Not while _		OF INJURY (Home, form, street, office bldg., etc.		y or lawn)	(Cor	unty)		(Stote)	
		hat I took charge I from: Natural c	-			e, held an Autops de 🔲, Homicide	-	nspection K ndetermined	A-1000	y 🔲].	, and	find the	
						M.D. CHIEF MEDICAL EX	_	•			DATE	SIGNED	
	EXAMINER'S NAME (Type)	John Mace	Jr.			DEPUTY MEDICAL	EXAMINER			6/1/	59		
220	BURIAL CREMATIC			ZION CHUR				NDRIFES N	or county)	ND	(Stot	0)	
23.	FUNERAL DIRECTOR LECOMPTE		VICE	ADDRESS CAMBRIDGE	MA	RYLAND 240. REC	DALLEGIS	TRAR59 24b. REG	ISTRAR'S SIG	SNATU	S.		

cute the certificate, writing the forwarded to Chief Med TO FUNERAL EXECTOR: Page VS. A15ME(5) 5M 9/55

or removal.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

If any delay is pressary, please exefuneral dire. Page 4 should be it your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death, cuts the certificate, writing the rend "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to Chief Medit keminer's Office along with form PM3. Page 5 may be retain TO FUNERAL EXECTOR: Page 5 mould be used as a burial-transit permit. File pages 1 and 2 with

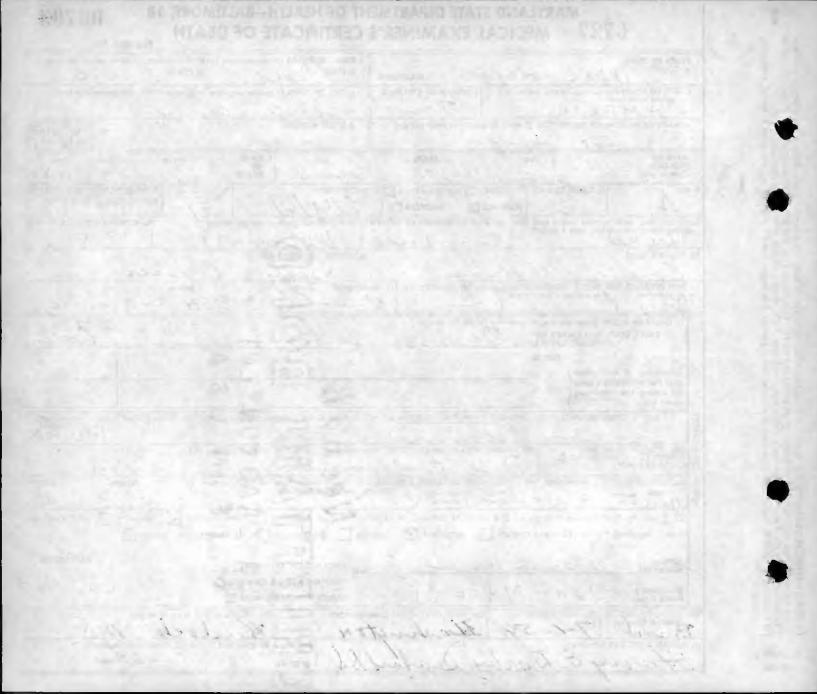
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VS. A15ME(S)

5M 9/55

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		The testing age in the second
1	O. COUNTY DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) A B P 10 G 5	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON AFARM? YES NO
11 03	NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year OF DEATH — 2 P — 19 59
3	SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	
1	Oc. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME O'Bier
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (18 yes, give wor or dates of services)	Permant 5.55H. Campily
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gove rise to immediate cause (a), stoting the underlying couse lost. (c)	INTERVAL SET WERE NO ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	PRIMARY LI OF CONTRIBUTING A FELL & 16	nler nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not while foctor of work at work	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) pry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described about death resulted from: Natural causes , Accident , Suice	ve, held on Autopsy , Inspection , Inquiry , and find that cide , Homicide , Undetermined couse .
	ACTUAL SIGNATURE TOUR MENTE	_M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER'S JOHN MACE JR.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
2	Hayry & Danly Do alar	ARO DATEJUL 1 '59 Cuthur & Hama



VS A15 (4) 15M 9/58

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Reg. Dist. No.

1. PLACE OF DEATH O. COUNDRICHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. ST WARYLAND b. COUNTY DORCHESTER					
b. CITY OR TOWN (If outside corporate limits, write RURAL PROPERTY OF STAY IN 16 RURAL PROPERTY OF STAY IN 16 LIFE	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) CAMBRIDGE					
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR NASTITUTION OAKLEY STREET	d. STREET OAKLEY STREET o. IS RESIDENCE ON A FARM? YES \(\text{NO.} \text{NO.} \text{TO.} T					
3. NAME OF First Middle ELLEN BARKLEY (Type or print)	Y Lost 4. DATE Month JUNE 30 Doy Year 19 5					
5. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 7/11/1876 9. AGE (Iff years IF UNDER 1 YEAR IF UNDER 24 HRS. Spatibility) Months Days Hours Min.					
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRY GOODS	USTORE MARYLAND 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME WILLIAM F BARKEEY	14. MOTHER'S MAIDEN NAME AMMADA/RURAK AMANDA RUARK					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, 0) ve wor or doles of service) 214 07 7653	MRS ELLA WALTER CAMBRIDGE MARYLAND					
IMMEDIATE CAUSE (0)	Jremia Interval Between onset and Death 3 days.					
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	Otic Cardio-renal disease ? OT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (Stole) octory, street, office bldg., etc.)					
21. I certify that I attended the deceased fram June 3 alive an June 30 , 19 59 , and that deat SIGNATURE PHYSICIAN'S John Mace Jr.	23, 19 59, to June 30, 1959, that I last saw the deceased the accurred at A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) Church St. Cambridge, Md.					
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY						
23. FUNERAL SERVICE CAMBRIDGE	MARYLAND 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					

1418/14 DATE OF THE PARTY # 200 mg/d To assembly Lamburghous able of the work e de den de de de des .82 Sales 3 The same mind · STATES AND ADDRESS OF STATES AND ASSESSED.

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executed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY azy Land COUNTY Carol MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL ond ve nearest town) d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? asterNI YES INO TO NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH JULNE 1956 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER I YEAR AF UNDER 24 HR B_DATE OF BIRTH Manths WIDOWED IX DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done done done done)

10b. KIND OF BUSINESS OR INDUSTRY 11. B!RTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? MKnown. Laneastire, 6 ng Cam 13. FATHER'S NAME Vernon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 tate Hospit 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Lionet 500 DUE TO arterioselerosis. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? CLBSOC. WITH YES T NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port It of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) Haur a. ft. factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from 1954, that I last sow the deceased and that death occurred of 7: 14.P. My from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ANDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cithur & Kines

TO FUNER VS A15 (4) 15M 9/55

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FOR STATE HEALTH DEPT.

files. ond e 5 a a 24 hours after dean... Give Pages 1, 2, and in Item 18. Gice along with f pencil in l rd "pending" in p ledical Examiner" I be used as a bur I D 96

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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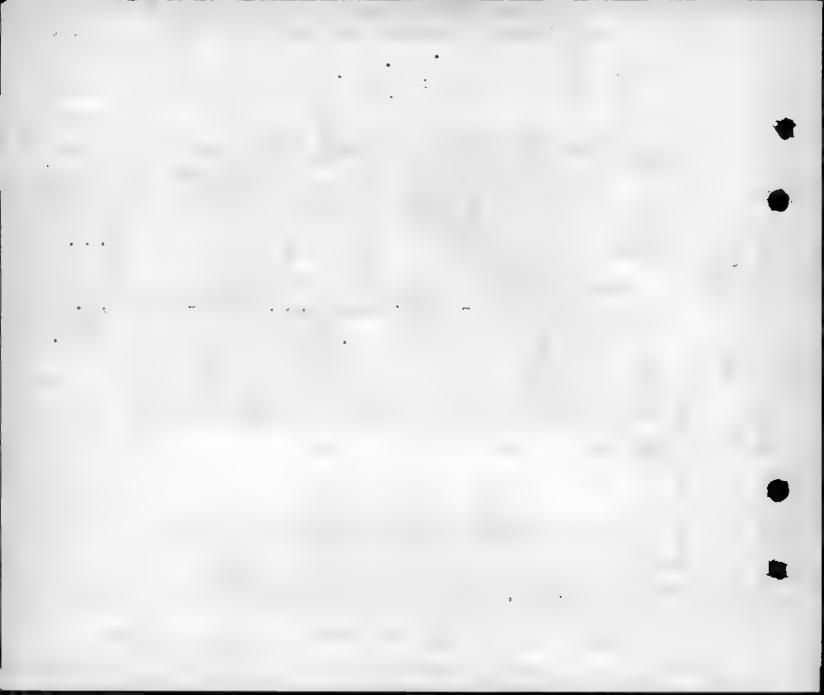
Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) .. COUNTY Dorchester . STATE Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 62 Yrs. Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Edlon Cambridge Hospital YES NO NAME OF Middle 4. DATE Month Yeor (Type or print) Brinsfield 19 59 DEATH Buena Cook June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours 1888 WIDOWED X White DIVORCED [Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Brookview. Md. U.S.A. Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Brinsfield Harriett McAllister 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECHRITY NO. 17. INFORMANT 151 yes, give wer or dates of service Brinsfield Cook Cambridge, Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL DETWEEN PART I. DEATH WAS CAUSED BY: 20 Min. Pulmonary embolus **DUE TO** Fracture neck r. femur. Conditions, if ony, which days. gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)119. WAS AUTOPSY CERTIFICATION PERFORMED? YES & NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DE CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Post I or Part II of item 18.) Fell in home Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) While 19 5 Gol work of work Cambridge Md. Dor. 21. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspection [7], Inquiry [7], apinion death resulted fram: Natural causes . Accident Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE EXAMINER'S John Mace Jr. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) East New Market Cem. East New Market. Md. ADDRESS EMPERAL DIRECTOR'S SIGNATURES 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cambridge, JUL 2 arthur & Thomas

HEADS TO MADELLED STEWNARD LADIED TO DESCRIP Д AUGUA, VE Till a Lynning TOUR TEAM SHOULD BE TO THE STREET . Contract to the state of the ER 7 90 CATEGORIES STATE AND CONTRACTOR All the second of the second o

death.





requires that the death certificate be ray be retain 3 should registrar poge 0 15M 9/58

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL SERVICE

220 BURIAL, CREMATION, 226 DATE THEREOF

NAME (Type)

BUTTATAL (Specify)

RED

JUNE

ST JOHN CHURCHYARD 1959 **ADDRESS**

MARYANOV

CAMBRIDGE MARYLAND 24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

06202

e. IS RESIDENCE

Day

USA

(County)

MARYLAND

ON A FARM?

YES NO MY

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

1 mo.

PERFORMED?

YES NO I

(Stole)

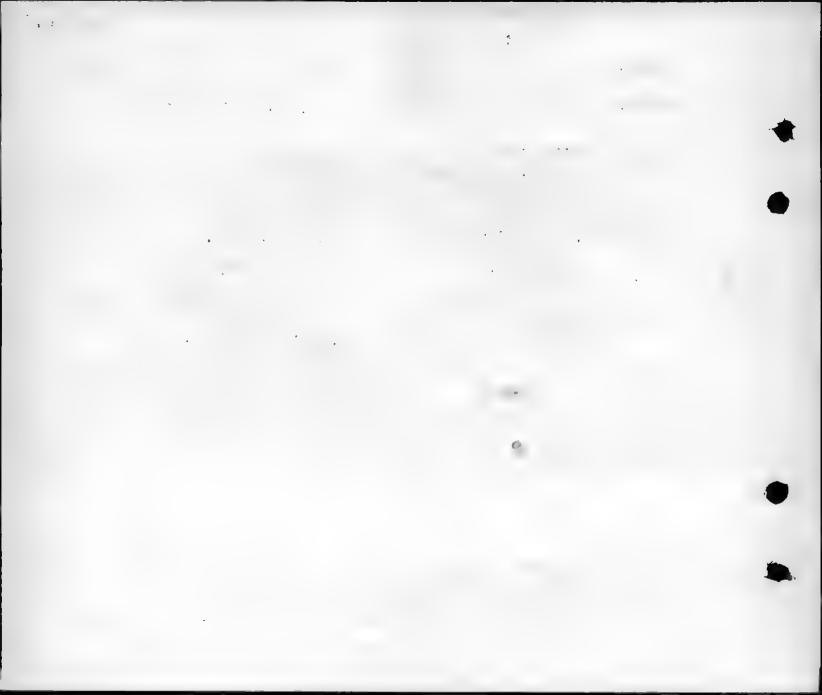
(Stote)

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DATELIN 75

22d LOCATION (City, town, or county)

CONERSVILLE



Reg. Dist. No.

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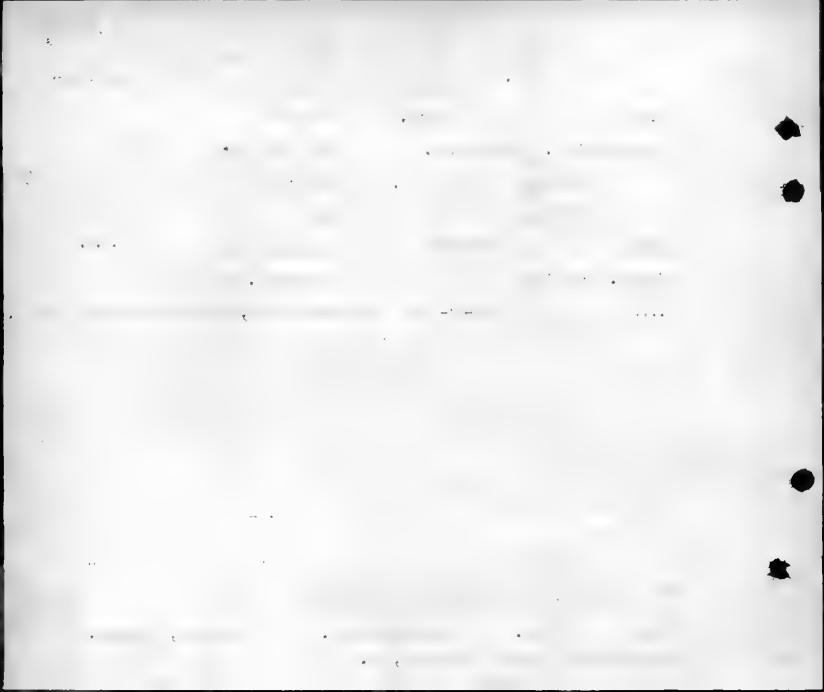
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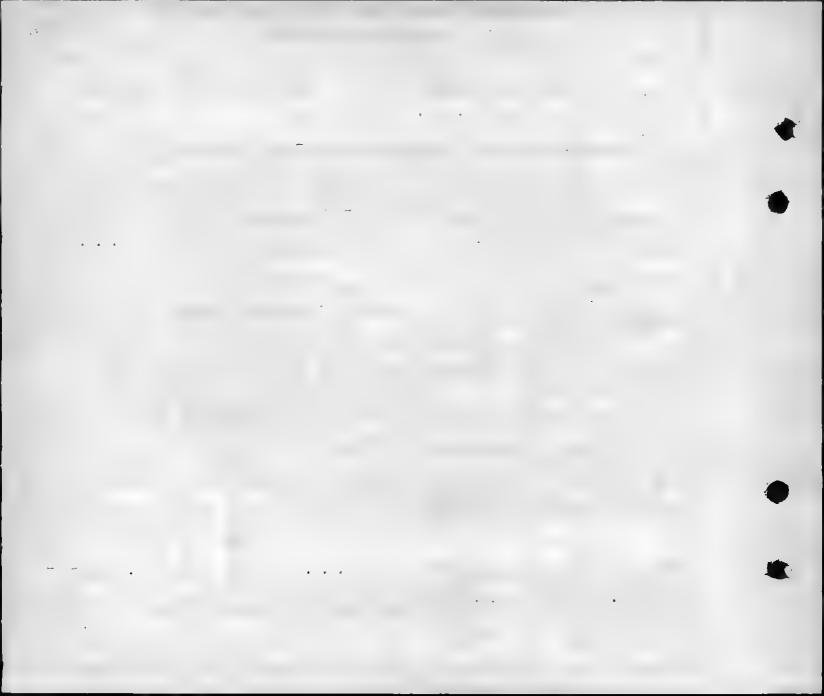
TO FUNERAL DECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

IAN: The law requires that the death certificate be executed

ATTENDING PH TO HOSPITAL VS A1S (4) 1SM 9/58

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	PLACE OF DEATH G. COUNTY T	lowebe edemo	10	MANVIARIN	2. USUAL RESIDE o. STATE	ENCE (Where dec	eased lived If instit		before admi	ission)
_		Oorchester		MARYLAND		yland			cheste	
	RURAL and give r	(If autside corporate I nearest town)	imils, write	c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside o	corporate limits, write	e RURAL and give	e nearest to	wn)
	Cambridge			5 Years.	/ Camb	ridge				
	OR INSTITUTION	ITAL (If not in hospital	l, give street	address)	d. STREET AD	DRESS			e. IS RI	ESIDENCE A FARM?
e.		iospital.	Cambo	idao Md	/ Bele	vdere A	VSa			■ NOT
	NAME OF	roshrears	First	Middle	Lost	4. DA	ATE A	Aonth	Day	Year
	(Type or print)	A DRITT	f TEN		ODDO	OF DE	ATH	6	Q	19 59
S.	SEX	6. COLOR OR RAC	E 7. MARI	RIED INEVER MARRIED	B. DATE OF BIRTH	(ETEP)	9. AGE (In year	IF JNDER I Y	EAR IF UN	
		75	WIDOW	ED DIVORCED	- 001		last birthday	y) Months Da	ays Hours	s Min.
10c	USUAL OCCUPATI	ON (Give kind of we	rk done 10b	KIND OF BUSINESS OR INDI	USTRY 11 BURTHPLA	CE (State or forei	ion country) 4		N OF WHAT	
	during most of wa	rking life, even if reti	red)				g.,,,			
120	Salosman -			alesman	Pe	A CONTRACTOR	lna -	U.S	S.A.	
14.	FAIRER S NAME				14. MOTHER S A	MAIDENTNAME				
L	Evan A	Greenfie	1d		Caro	line E.	Dog.n			_
	WAS DECEASEDEV	ER IN U. S. ARMED F If yes, give wor or dates	ORCES? 16. of service)	SOCIAL SECURITY NO.	INFORMANT		A	Address		
	NO			60-18-5612	Mag Rotts	- Toncon	-3316-01:	lanana Tar	****	P-74
	18. CAUSE OF DE	ATH Enter only one	cause per li	ne for (a), (b), and (c)]	-14 5 - TC 0 0 J	-0 8115 011			INTERVAL	BETWEEN
	PART I. DE	ATH WAS CAUSED BY	Y:	Carcinoma of	Stomach				ONSET AN	ID DEATH
	15/x	DUE		OLI CERMIN OI						
	Conditions, if			Assessment and	P Alandarda					
	gove rise to		(b)	Aneurysm of	UTEAUTUS					
	Cause (a), stating lying couse last.	the under-		Generalized	d arterios	clerosis	5			
z			(c)	CONTRIBUTING TO DEATH BU	T NOT BELATED TO 1	PLACE TERMINAL TALL	CEACE CONDITION	C MENT IN BART II	(a) 10 WA	C ALITORSY
TIO	PARI U. OI	THER STOINIFICAINT CO	י באנטוווטאיכ	LONING TO DEATH BU	I NOT RECATED TO	HE PERMINAL DI	SEASE CONDITION	D ACM HALWEL H	PERF	FORMED?
PIO.			100/ 00-				B . 11 . 5 11 . 38 1		YES] NO [
CERTIFICATION	LOR CONTRIBUTING	s ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part + or Part II of item 18.) ECONTRIBUTING ☐ CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)								
	<u> </u>	RY Month, Doy,		NJURY OCCURRED 20e P	LACE OF INJURY (H	ome form 20f	/City mr town	(Cau	mend	(State
MEDICA.	Hour o. m.		While	Nat while fi	octory, street, affice !		(City di Town)	(Cau	11.31	(31016
×	p, m,			k at work						
	21. I certify t	hat I attended t	he deceas	ed fram <u>5-8-59</u>	, 19,	ta_6-9-	<u>59 </u>	,that I last	saw the	decease
	alive on6-	9-59	. 19		h accurred at_	M, fr	am the causes	and an the d	ate state	ed abave
		1.11.	15	15			SS (Street, city or tov			ATE SIGNE
	ACTUAL SIGNATURE	Oller	761	Maker	200 1	laryland	Avenue		5-12-	-59
	SIGNATURE				_M.D	<u> </u>				
	PHYSICIAN'S NAME (Type)	bert E. B	unker.	M. D.	Cambr	idge, M	aryland			
220	BURIAL CREMATI	ON, 226 DATE THE	REOF	22c. NAME OF CEMETERY	OR CREMATORY	22d L	OCATION (City, tow	n, or county)	(St	tate)
C,	REMOVAL (Specify remation	6/12/	SO.	Greenmount	Chanel		Dal+4	Massalas	nd	
	FUNERAL DIRECTO	R'S SIGNATURE	J7 0	ADDRESS		24a. REC'D BY RI	Baltimore, EGISTRAR 24b. RE	GISTRAR'S SIGN	ATURE	
]	Le Compte	Funeral S	ervice	, Cambridge,		DATE JUN 1		Orthun S.		





MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
b. COUNTY **b. COUNTY**

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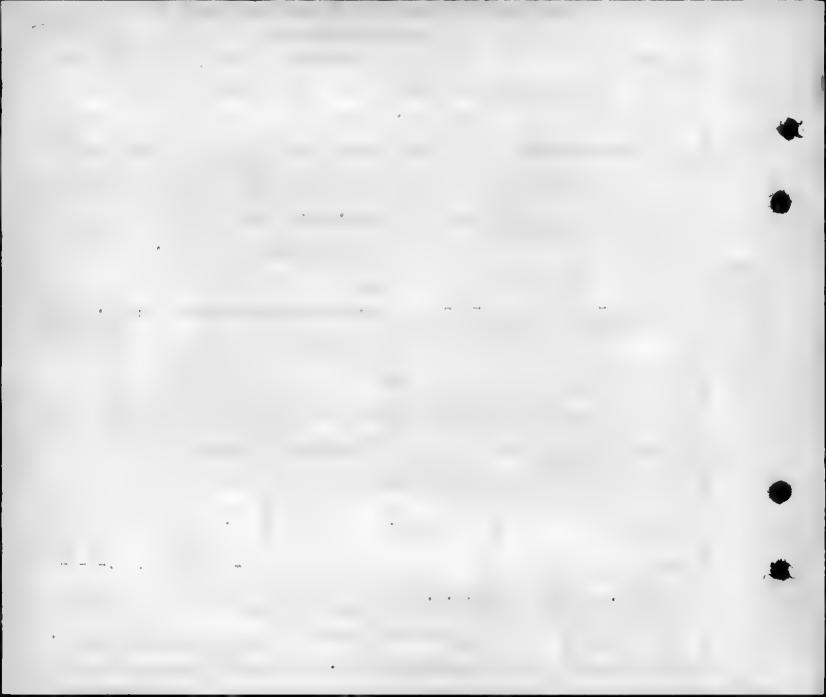
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1. PLACE OF DEATH a. COUNTY

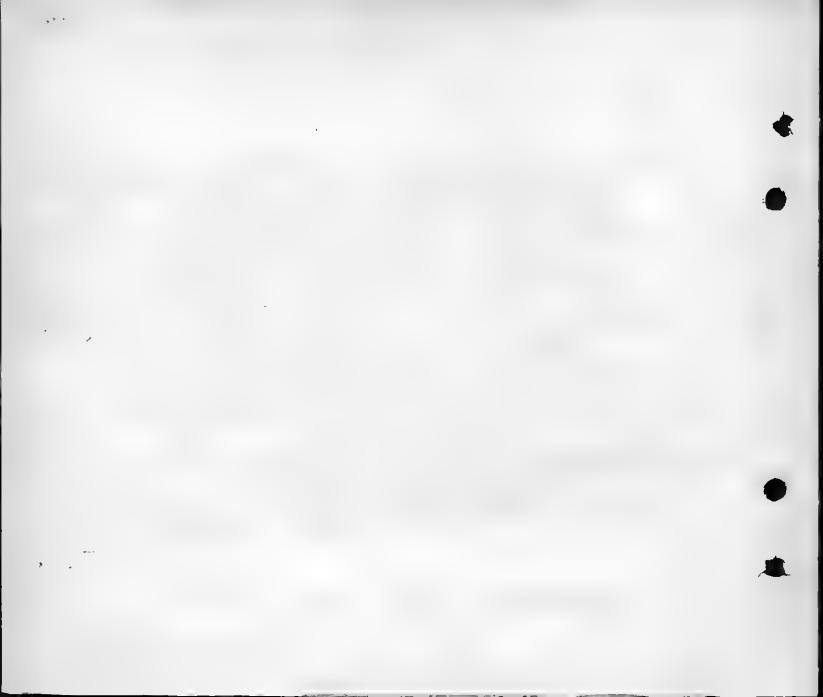
Dorchester

Page 4

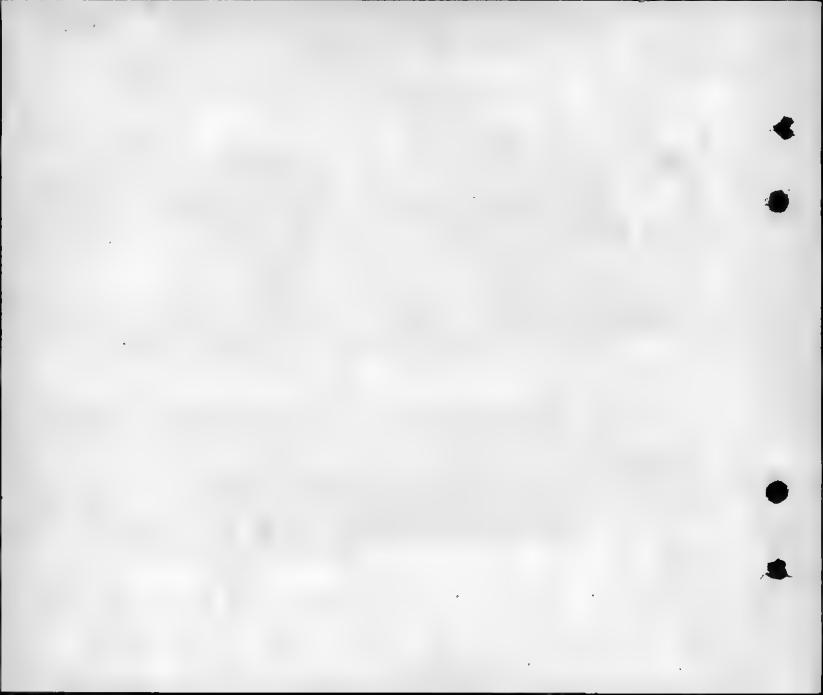
			Dorchest	er	mA	KILAND	Mary	rland.		Do	rche	ste	P ^a
	1	CITY OR TOWN (I	If outside corporate limi	ts, write	c. LENGTH OF STA	ALNI A	c. CITY OR TOWN (IF	autside carpo	prate limits, write R	URAL and	give nea	rest town	1
		Cambri			Few H	rs.	X Hurl	lock					
17		NAME OF HOSPIT	TAL (If not in hospital, g	ive street			d. STREET ADDRESS				1	e. IS RESI	DENCE
- /		Cambri			Hospital	,	/						FARM?
	3. 1	IAME OF	Fir		Midd		Last	4. DATE	Mon	th	Da		(ear
		ECEASED Type or print)	Jam	000	Howar	_	Hopkins	OF DEATH			4	,	959
	S. S	EX	6. COLOR OR RACE				DATE OF BIRTH		9. AGE (In years		RIYEAR	9	
		Male	Negro	WIDOW		ED 🗆	Oat 22 :	260	lost birthdoy)	Manths	Days	Hours -	Min.
	100	USUAL OCCUPATION	ON (Give kind of work	dane 10b.			RY 11. BIRTHPLACE (Stot	e ar foreign c	1 7 1	12. C	ITIZEN O	F WHAT	COUNTRY?
		during most of worl	king life, even if retired)									
	13	Mechan	.LC		Mechan	TG	Dorches 1		ounty, No		US	iA	
			2 22	1 1									
1	15		OWARD HO	<u>okir</u>		O 117 MI	FORMANT	llsie	Corni				
	{Yas	no, or unknown)	(If yes, give wor or dates of s	ervice)									
1	<u> </u>	No	\$10 mm to an in the last and	<u>- 15.</u>	<u> 18-03-688</u>		s. Mary Ho	opkins	Hurlo	ck,	Md.		
			ATH [Enter only one co	use per li							INTE	RVAL BET	TWEEN DEATH
		PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral	. Hemo	orrhage					3day	8
		1	DUE TO										
		Conditions, if a		}									
		gove rise to i cosse (a), stating	mmediate (
		lying couse lost.) (c]									
1	ICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	EATH BUT N	IOT RELATED TO THE TER	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 15	9. WAS A	UTOPSY
7	S												NO 🗌
	CERTIF	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Par	t II of item 18.)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
		20c. TIME OF INJUR	RY Month, Day, Yes		NJURY OCCURRED		E OF INJURY (Home, for		or tawn)		(County)		(Stote)
	MEDI	Haur a.m.	19	While at wor	Not while	FOCTO	ory, street, affice bldg., e	ic.)					
		,	not I ottended the			20	. 19.59 , to .	inna 7	,,, <u>E</u> Q	Al- ad-	11	1.	1
		olive on Ju		ueceds		- "							
		olive on <u>gu</u>	A	, 19-	AZZ, and thi	of death o	occurred ot		n the causes a treet, city or town,		the dot		
		ACTUAL	XCell.	In	ener	-	, 227 Pir		Cambrid		MA _		NTE SIGNED LにO
F		SIGNATURE	1	7		М	D. 221 F11	10 00-	Cambrid	80,1	TAL 9	0-)	77
		PHYSICIAN'S J	. Edwin F	9000	tt M.D								
	22a	BURIAL, CREMATIC REMOVAL (Specify)		_	22c. NAME OF CE			22d. LOCA	TION (City, lawn, o	or county)		(State	:)
		Burial	6/6/195	9		gton	Cemetery		chester		الرائد المطارعة	, M	d.
	23.	FUNERAL DIRECTOR	S SISMATURE		ADORESS			D BY REGIST	i				
		wer	11 com	111	Camb:	ridge	, Md. DATE	IN 1 0 '5	19 an	Chung &	Home	A	
			0										



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06711 **CERTIFICATE OF DEATH** Reg. Dist. No. wih director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived /If institution: Residence before admission) a COUNTY filed COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give regrest lown) era C LENGTH OF STAY IN 16 c CIDE OR TOWN/(If outside forgorate limits, write RURAL and give nearest town) pe should NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? C YES NO NAME OF DECEASED First 4. DATE Middle Lost Month Year (Type or print) DEATH 195 SĐ COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH FUNDER LYEAR IF UNDER 24 HRS 9. AGE (In years, los birthdoy Months Days Hours Min. WIDOWED PT DIVORCED T YES executed 100) USUAL CCUPATION (Give kind of work done 10box IND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign abuntry) 12. CRIZEN OF WHAT COUNTRY? during most of working life, even if refired) g and 4 15. FATHER'S NAME MAIDEN MAME physician Š remove 15. WAS DECEASED EVERAIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSES AND DEATH PART I. DEATH WAS CAUSED BY: VASCULAR IMMEDIATE CAUSE (o) DUE TO thot 3 Conditions, if any, which permit. A HD gned gove rise to immediate **DUE TO** cause (a), stating the underpuo lying couse lost. buriol-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lawn) (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work ğ APKIL 150 10/3 JUNE 1955 that I last saw the deceased 21. I certify that I attended the deceased from 2 and that death occurred at... .____M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE prior S should PHYSICIAN'S the registror NAME (Type) FUNER 220 BURIAL, CREMATION, 22b, DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 79d_LOCATION (City, Joyh, or county) (State) page 0 23 FUNERAL DIRECTOR SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. RECOPBY REGISTRAR Circling S. Through VS A15 (4) 9 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06712 AL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY O. STATE Florida . b. COUNTY Leon Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Tallahassee Hurlock - Rural 2 weeks 44: X-2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Near Waddell's Corner YES NO KO NAME OF Middle 4. DATE Day DECEASED June 1959 Dorsey Johnson (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months About 45, Male About 1914 Negro WIDOWED | DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 20 during most of warking life, even if retired) Tallahassee, Florida U.S.A. Farm Day Laborer Page 5 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora Johnson Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Give Viola Johnson, Vineland, New Jersey No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Delayed/ bending/complete/autopsy/report/ hrs. IMMEDIATE CAUSE (a) ffice along with fa as a burial-transit pue to Isopropyl alcohol poisoning Conditions, If ony, which gove rise to immediate cause **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Drank rubbing alcohol Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY (County) (Stote) Not while or work 0. m. Hurlock . Dor. Md. of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy 11, Inspection . Inquiry and find that death resulted from: Natural causes . Accident X, Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Dr. John Mace Jr. 6/26/59 DEPUTY MEDICAL EXAMINER 1 NAME (Type) 220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Fort Pierce, Florida 0 June 29,1959 Removal 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland VS. A15ME(5) DATE JUN 2 9 '59 arthur S. Thous 5M 9/55



ADDRESS/

06713

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

days

Sev, yrs.

19. WAS AUTOPSY

PERFORMED?

YES 🗍 NO 🌃

(Stote)

DATE SIGNED

(Stole)

Day

U.S.A.

Doys

(County)

246 REGISTRAR'S SIGNATURE

ariling S. Kruss

24g, REC'D BY REGISTRAR

DATEJUN 1 0 '59

ON A FARM?

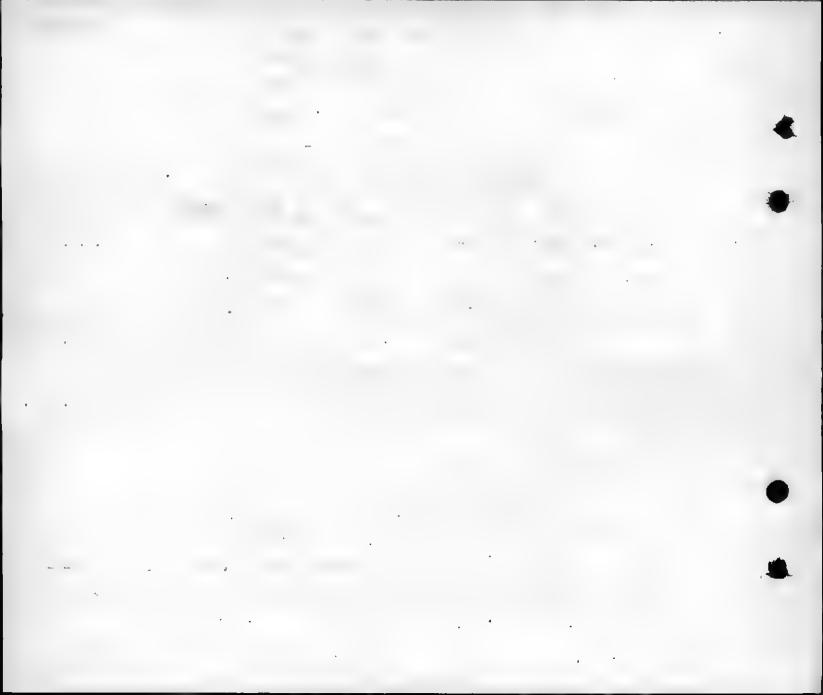
YES NO 🕎

Year

1959

FUNERAL poge 0 VS A1S (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A1S (4) 1SM 9/S8

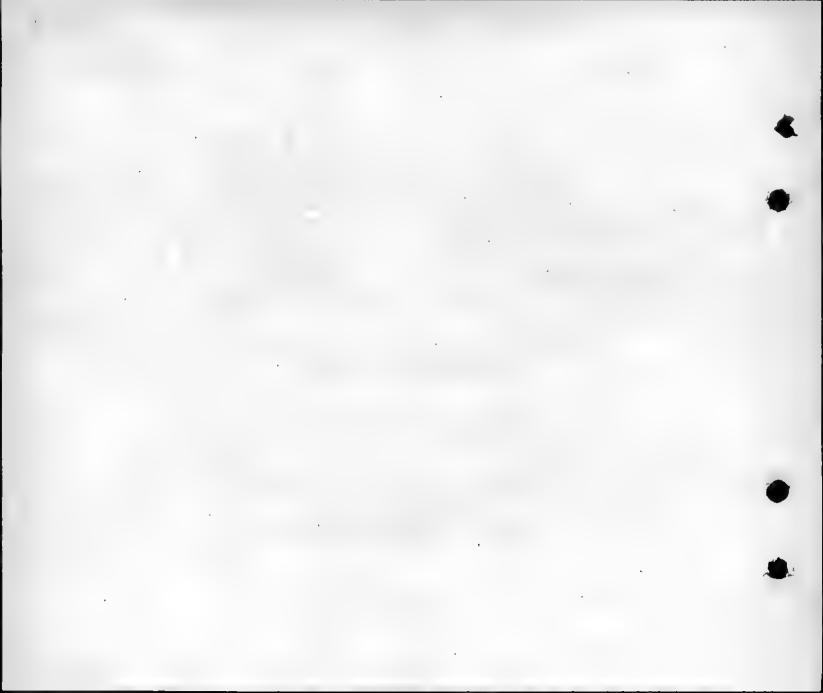
death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6717 CERTIFICATE OF DEATH

06714

			-
Reg.	Dist	Mar.	
KBC.	DIST.	IND.	

_										47		-	
1	PLACE OF DEATH o. COUNTCHEST	ER		MARYLA	AND	2. USHAR	LAND (W)	here deceased	b. COUNTY	°'DOK	HES	TER miss	iion)
	CAMBRED OF	outside corporate limi arest tawn)	ts, write	2 WEEKS	1 1Ь	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CAMBRIDGE						n)	
	CAMBRIDGE	MARYLAND	HÖSI	gddress)								SIDENCE FARM?	
3 NAME OF DECEASED (Type or print) JAMES			FRED		JONES	Last	4. DATE OF DEATH	JUNE	33/	•	,	Year 19 5	
	SEX IALE	6. COLOR OR RACE WHITE	7 MARR	-		SEPT	^{ктн} 4 1 890		9. AGE (In years last hirthdoy) 68 yrs	Months Months	R 1 YEAR Days	Hours	ER 24 HRS Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIN E BOREMAND TELEPHONE					INDUST		ARYLAN		ountry)	12.CI	USA	WHAT	OUNTRY?
13.	FATHER'S NAME	D TONEC					R'S MAIDEN N						
10	. WAS DECEASED EVER	B JONES	CE\$2 14	SOCIAL SECTIONS AND	(M)	FORMANT	Y BLAD	ES .	A da	iress			
ίγι	NO Yes	f yes, give wor or dates of s	ervice) _	JNKNOWN		•	JONES	CAME		LARYL	AND		
NOI	Conditions, if an gove rise to im couse (a), stoting the lying couse last.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate he under- (c)	Pui Ph	ontributing to DEAT	10	mbe			E CONDITION GI	VEN IN PA	ON	? 	DEATH O UF
CERTIFICATION	Carcinoma of Stomach intestinal obstruction Performed? Yes No Describe How Injury occurred (Enter noture of injury in Part 1 or Part II of latem 1B.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m., 19 While Nat while of wark of wark of wark wark wark wark wark wark wark wark												
	21. I certify that I attended the deceased from May 19, 1959, to Juine 12, 1959, that I last saw the deceased alive on June 12, 1959, and that death occurred at 12M, from the causes and on the date stated abave. ADDRESS (Street, city or town, stote) PHYSICIAN'S PHYSICIAN'S AMERICAN'S AMER												
220	BUR AL CREMATION			220 NAME OF CEMETE			PARK		TION (City, town,	ar county		(Sto	te)
23	FUNERAL DIRECTOR'S LECOMPTE F		VICE	CAMBRIDGE	E M	ARYLAN	m	D BY REGIST		ISTRAR'S S		RE	



e. IS RESIDENCE ON A FARM

YES NO

Yeor

19

Hours

Rea. Dist. No.

Doys

USA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6733 CERTIFICATE OF DEATH COLD ROHESTER 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTIORCHESTER Filed MARYLAND MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) pe RFD # "T CAMBRIDGE TATE: CAMBRIDGE RF D shavid d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION / d. STREET ADDRESS by 12 NAME OF 4. DATE First Middle Month DECEASED OF KTRWAN * FAMSE * **JAMES** JUNE Pages (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years (qui pirthdoy) JAN 2 1862 Months MATE WHITE yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? pop death. during most of working life, even if retired) SHIP CARPENTER MARYLAND ie. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yas po or unknown) NO MRS EDWARD MOWBRRY CAMBRIDGE please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) **DUE TO**

MARYLAND INTERVAL BETWEEN ONSET AND DEATH dou Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 1/5 T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO X

200 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(State)

20c. TIME OF INJURY Month. Doy, Year Hour a. m.

20d INJURY OCCURRED Not while

20e PLACE OF INJURY (Home form | 20f (City or town) foctory street, office bldg , etc.)

(County)

21. I certify alive an

p. m.

While

at work at work that I attended the deceased from

1947 that I last saw the deceased

that death accurred at Ca.

ADDRESS (Street, city or town, state)

__A_M, from the causes and an the date stated above

ACTUAL SIGNATURE PHYSICIAN'S

CATION

NAME (Type)

(State)

220. BURIAL, CREMATION, 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY SPEDDENS SEWARDS 22d. LOCATION (City, town, or county)

JAMES MARYLAND

23. FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL

MARYLAND 240 REC'D BY REGISTRAR DAULIN 2 9 '59

24b. REGISTRAR'S SIGNATURE Cirthung & Krous

15M 9/58

TO FUNERAL poge VS A15 (4)

prior

registrar

3 shavld - 0

director

funeral

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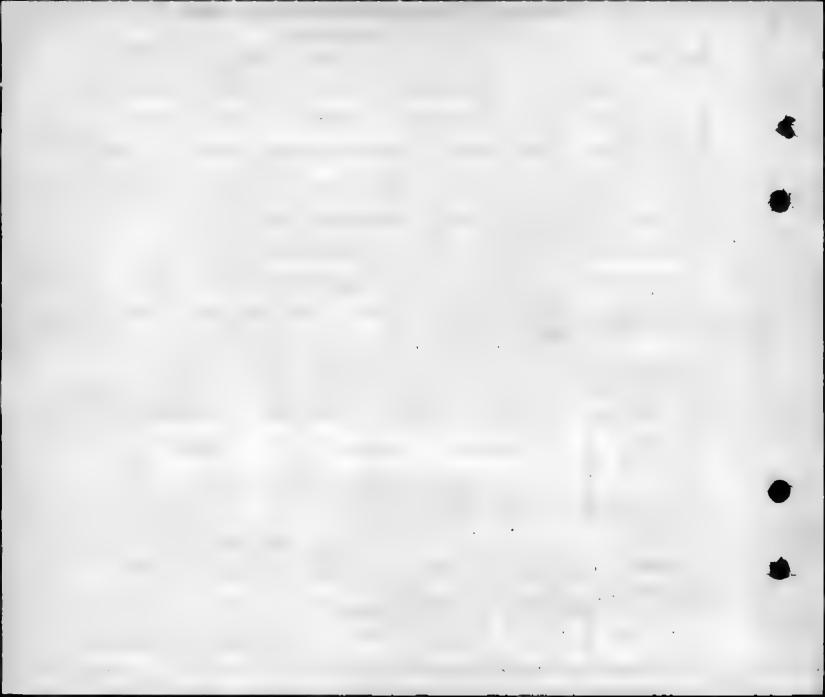
per



		T CERTIFICA	TIE OI DEATI		Reg. Dist. No.					
1. PLACE OF DEATH			2. USUAL RESIDENCE (WH	ere deceased lived. If instituti	ion: Residence before admission)					
DOR	CHESTER	MARYLAND	MARYLANT		RCHESTER					
b CITY OR TOWN (I RURAL and give m	If outside corporate limits, write	c. LENGTH OF STAY IN 16		ulside corporate limits, write f						
CAMBRI		ONE WEEK	X WILLIAM	SBURG						
	TAL (If not in hospital, give stree	t oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
EASTERN S	HOTE STATE HOS	PITAL			YES NO X					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Moi	nth Day Year					
(Type or print)	EDITH	FOLSOM	LVNN	DEATH JUNE	10 1959					
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.					
FEMALE	MHITE WIDOV	VED 🔀 DIVORCED 🔲	OCT.18 188	7 71 yrs.	Manths Days Hours Min					
100. USUAL OCCUPATION	ON (Give kind of work done 10)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY					
SCHOOL TO	king tife, even if retired)	EDUCATION	MADA	LAND	1154					
13. FATHER'S NAME	TATAL I	I_DUCATION.	14. MOTHER'S MAIDEN N		- V - J / T					
Benen	6 11.1.1		7	Daniel						
IS WAS DECEASED EVE	R IN U. S. ARMED FORCES?	SOCIAL SECURITY NO. 117.	INFORMANT	Add	Iress					
[Yes, no, or unknown]	[If yes, give war or dates of service]									
			tospital K	ECORDS						
	ATH (Enter only one cause per ATH WAS CAUSED BY.	line for (o), (b), and (c).]			INTERVAL BETWEEN					
PAKI I. DEA	OUER 7 DAYS									
2 ./	2 . / DUE TO									
Conditions, if a	OVER 7 DAY									
Conditions, if any, which gove rise to immediate coess (a), stating the under-										
lying couse lost. (c) ARTERIO SCLEROSIS										
20a. ACCIDENT W	SENILE BRAIN DISEASE. 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)									
C OR CONTRIBUTING	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	*	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm	20f (City or town)	(County) (Stole)					
ZOG, TIME OF INJUR	Whit	e Not while fo	clory, street, office bldg., etc)	(County) (Sione)					
	12 Jarwi	ork Ot work	Pa-*							
21. I certify th	not I attended the decea	ised from JUNE 3	195 g, to	INC 10 195	3,that I last saw the deceased					
alive on 1	INE 9 19	59 and that death	occurred ot 645 1	≥M, from the couses (and on the dote stated above.					
	, , ,			ADDRESS (Street, city or town,	state) DATE SIGNED					
SIGNATURE	tany 1.6	routord	M.D. EASTERN SHOP	ESTATE HOSP. CAN	1BRIDGE MO JUNE 18 195					
BANGIOLA LUG	00									
PHYSICIAN'S NAME (Type)	TARRY J. CI	RAVIFORID								
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)					
REMOVAL (Specify)	16-13-69	The Year	reit	Lederalson	ree Incl.					
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240 PEC"	D BY REGISTRAR 24b. REG	STRAR'S SIGNATURE					
1114	A- , Q.	Yada 000 -	e melo DATE	UN 1 6 59	Intluit & Trans					
A TAKUM	premison	en arrangement	J. MICCO DAIE							
111		V								

filled in by uneral director, ages 1 and 2 should be filled with TO MICSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 📰 haurs after death. Bage 🗷 may be retained by the haspital excattending physician.

TO FUNERAL DE MOR: After it: Missale has been signed by the attending physician and camp page 3 shauld by detached for use as the burial-transit permit. Then please remave carbon papers the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS ATS (4) 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6735 CERTIFICATE OF DEATH

06759

	010.	CERTIFICA	AIE OF DEATE	1	Reg. Dis	t. No.	
	PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived.	If institution: Residence	e befare admission	n)
	Dorchester	MARYLAND	o. STATE Md.		L TOLINE	,	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	ulside carporate lim	nits, write RURAL and gi	ive nearest tawn)	-
	rural Cambridge	7/103	Falgoral	sherg	, A.		
	d, NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION		d. STREET ADDRESS	3 6	-	e. IS RESID	ARM?
	Eastern Shore State Hospi		Chart.	23 21		YES 🔲 1	_
	NAME OF DECEASED (Type or print)	eed M	essic K	4. DATE OF DEATH	Month ∪ne.	Doy Yes	50
5.	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8 DATE OF BIRTH	9. AGI		YEAR IF UNDER	
	W WIDOWE	DIVORCED [6-27-18	80 7	birthday) Months (Days Hours	Min.
10o	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State	or fareign country)	12.CITIZ	ENOF WHAT COL	UNTRY
	during most of working life, even if retired)	ww Home	W 9.			USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	,		
(W= ReEd		1 1 1 1 2 2	a Ree			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1		NFORMANT\		Address		141
	No	Mare Es	stern Shore S	tate Hosp	pital Cay	mbrida	eill
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				INTERVAL BETY	MEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	roncho-	Pneumo	hia		ONSET AND P	FAIH
	P/X DUE TO	, -					-
	Conditions, if ony, which) (b)						
	gove rise to immediate (
	lying cours last						
z	PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAI DISEASE CONI	DITION GIVEN IN PART	1(n) 19. WAS AL	TOPSY
CERTIFICATION						PERFORM	
	200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Port I or Port II of i	łem 18.)		
3	20c. TIME OF INJURY Month, Doy, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City ar law	'n) (C	county)	(State
WEDICAL	Hour a. m. While at worl	NOT WITTE	ctory, street, affice bldg , etc	.)			
-	21. I certify that I attended the decease	ed fram Teb b	1959 to J	une 5	_, 19 <u>5</u> 9,that I las	st saw the dec	cease
	alive on June 5 , 195	9, and that death	accurred at 3,25f	M, fram the c	auses and an the	date stated o	abave
	ACTUAL 77	_ 1		ADDRESS (Street, ci		UAIE:	SIGNE
	SIGNATURE	Jados)	MD. E.S.S.Hosp	ital, Car	ibridge, Md	675	27
	PHYSICIAN'S Thomas J. Dredge	0					
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	City, lown, or county)	(State)	
	BURIAL JUNE 8 1959		EMETER4	NEAR FE	A A	RG MD	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240, REC*	D BY REGISTRAR	24b. REGISTRAR'S SIG		4
~	1. J. FRAMPTOM + SON, FED	ERALSBURG,	MD, DATE JU	N 1 2 '59	Cuthun &.	Tienus	

funeral director, filed filled in by the fages I and 2 shou igned by the ottending physician and cample permit. Then please remove carbon paperer in any event within 72 hours after death. "IAN: The law requires that the death certificate be executed

The haspital remaining physician.

FOR: After the ficate has been signed by the detoched for use as the burial-transit permit. Then ATTENDING

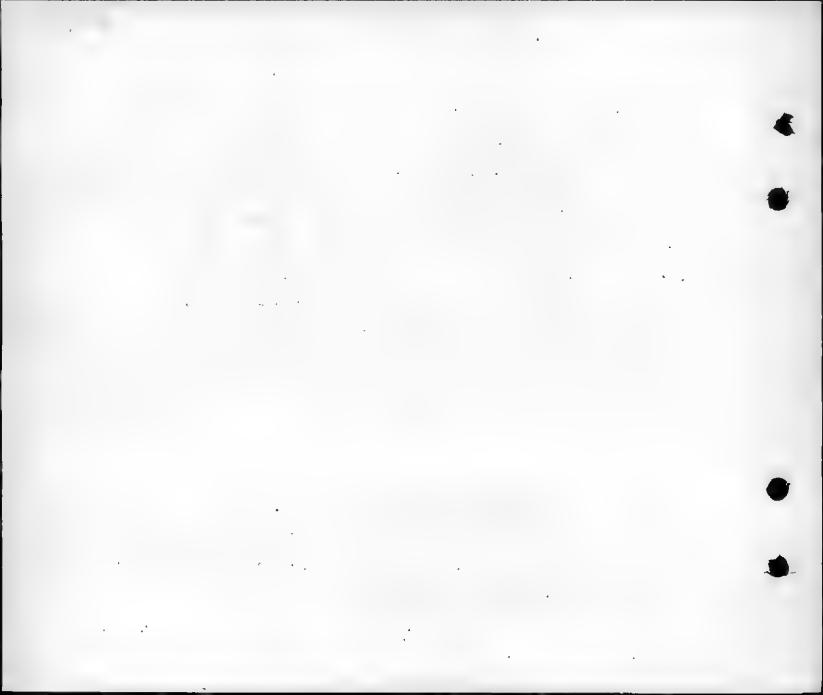
removal, and

TO HOSPITAL OR may be retain

TO FUNERAL DI

page 3 should b

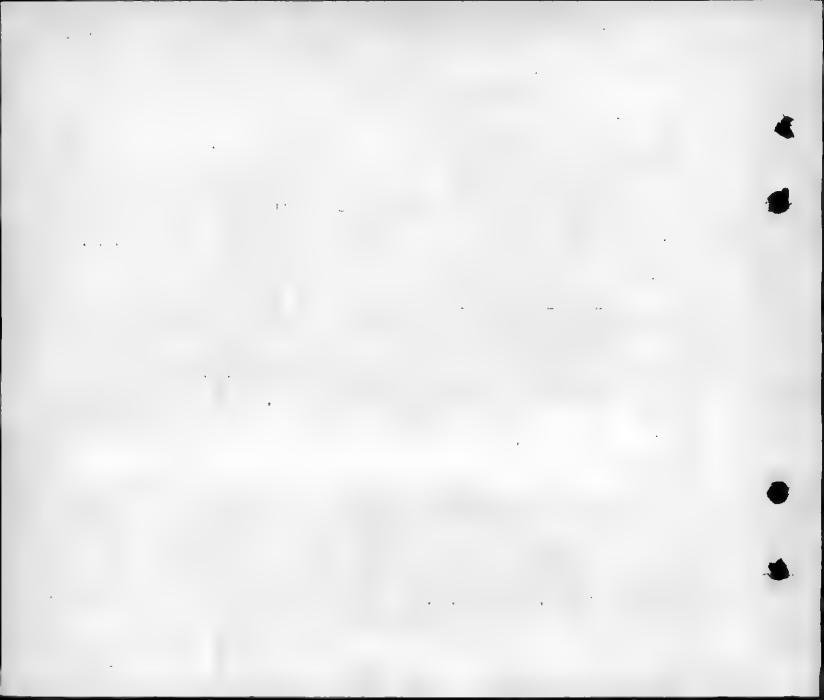
the registrar price VS A15 (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) . COUNTY Poge files. Heolth, **b.** COUNTY Dorchester Maryland icomico. MARYLAND b. CITY OR TOWN of outside corporate limits, will to RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) fawat treatest aveg bree 9 days Salisbury Near Cambrid te d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 016 103 Elizabeth st. Eastern Shore State Hospital YES NO 3. NAME OF DECEASED Middle DATE Month Yeor 27 19 59 (Type or print) Eugene Maurice Messick DEATH June 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9, AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min. Male White WIDOWED F DIVORCED [2 d 5 d 5 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2, of ond during most of working life, even if retired) Printing Maryland U.S.A. Printer (retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Tinknown Westley Messick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address [Yes, no. or unknown] Ill yes, dive was or dates at serviced No 214-30-3743 Records Eastern Shore State "ospital 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia a days pencil :: DUE TO Arterio-sclerotic hypertensive C. V. R. Disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Fracture, Intertrochanteric Rt. Femur 23 days couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY Chronica PERFORMED? Brain syndrome assoc, with Senile Brain Disease NO 7 20b DESCR BE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of stem 181) 20a, EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING DE Accidental Fall At home 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or fown) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not while is at work at work Salisbury Wicomico Maryland 30 May 50 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection []. and in my opinion death resulted from: Natural causes 📈, "Accident 🔲, Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED THIEF MEDICAL EXAMINER SIGNATURE / M.D. ASSISTANT MEDICAL EXAMINER the c "7 June NAME (Type) Eldridge H. Wolff should FUNER DEPUTY MEDICAL EXAMINER 220 NAME OF CEMETERY OR CREMATORY 220 MARIAL, CREMAT ON 226 DATE THEREOF 22d LOCATION (City, town, or county) (Stole) 40 DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME

5M 2,57

Cirthur & House



06718

6718 **CERTIFICATE OF DEATH**

Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · DORCHESTER o. STAMARYTAND DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CHARACTO STEPPED TOWN 3 DAYS CAM BRIDG F d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CMARRYTIGHON MARYTAND RFD # 3 YES NO NAME OF 4. DATE Month DECEASED WRIGHT ORR LYDIS JUNE DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX (8) irthdoy) OCT 10, 1891 Months Days Hours FEMALE WHITE WIDOWED [DIVORCED [10a USJAŁ OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSE of propage ife, even if retired) OWN HOME N EW YORK USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WRIGHT MARY ELLIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address (Yenno, O unknown) NONE MARXXX JOHN ORRR CAMBRIDGE MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 4-5 minutes Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardio vascular renal disease Canditions, if ony, which 2 vears gove rise to immediate Generalized carcinomatosis 18 months DUE TO couse (a), stating the underlying cause last (c) Carcinoma of right breast 18_months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 🕞 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg. etc.) Hour o.m. While Natwhile of work 21. I certify that I attended the deceased fram 1-13-58 6-7-59 , 19 , that I last saw the deceased and that death accurred at 9:05 M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) ACTUAL M.D. 15 Locust Street, Cambridge, Md. 6-8-59 SIGNATURE PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) PHYPOYAT (Specify) DORCHESTER MEN PARK CAMBRIDGE MARYLAND 24b. REGISTRAR'S SIGNATURE 24s, REC'D BY REGISTRAR MARYTAND arily & thouse DATELIN 1 2 '59

filed funeral pe should

2 2 cample papers. executed and carriban paper death. ofter physician maye permit has been Hicate *ending £ TOR: FUNERAL DIS 굺

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VS A15 (4)

15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06719

6719 CERTIFICATE OF DEATH

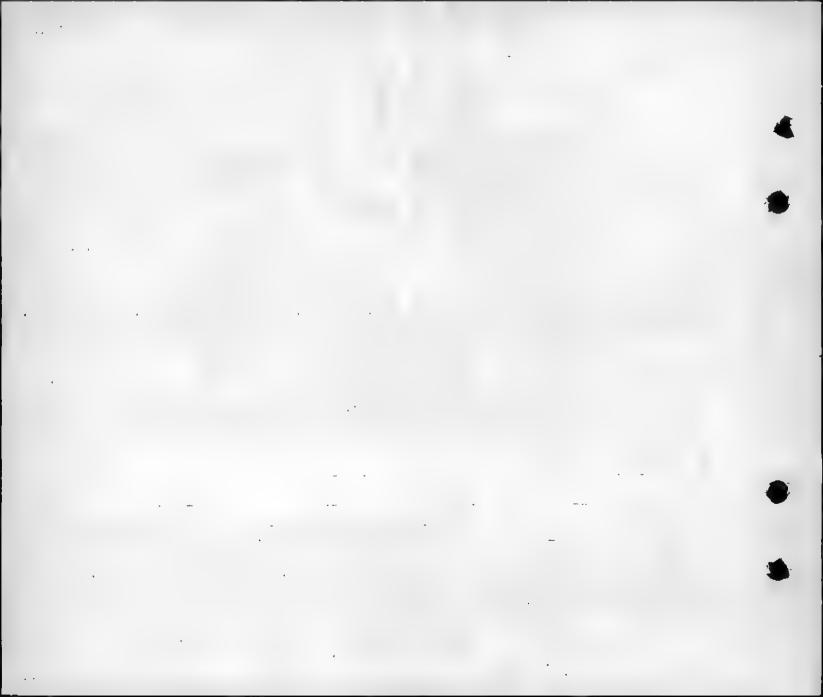
Reg.	Philad	MI-
Ness.	DINE.	ITO.

		021(11110)	TIE OI DEATH	* R	leg. Dist. No.					
PLACE OF	Porchester Porchester	MARYLAND	Marylan	ere deceased lived If institution: b. COUNTY D	orchester					
RURAL	ond give neorest lown) Cambridge	45 years	c. CITY OR TOWN (IF o	ulside corporote limits, write RUR	AL and give nearest town)					
d. NAME OR IN	OF HOSPITAL (If not in hospital, give street STITUTION Cambridge—Maryl	· ·	/ d, STREET ADDRESS 508 Tres	nton street	e. IS RESIDENCE ON A FARM? YES NO					
3 NAME OF DECEASES (Type or)	477	Medford	Paul	4. DATE Month DEATH June 16,19	Day Year					
5 SEX Male	White widow		8. DATE OF BIRTH Dec. 24,1909	lost birthday] W	UNDER I YEAR IF UNDER 24 HR					
Auto M	OCCUPATION (Give kind of work done 10b. nost of working life, even if relired) schanic self-employe		STRY 11. 8IRTHPLACE (Slate Taylors		U.S.					
13. FATHER'S			14. MOTHER'S MAIDEN N							
	John Paul		Myra Wal	lace						
Yes, no. or unk	No 2			Address 11,508 Trenton S						
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lyocardial infarction 20 mins.									
	IMMEDIATE CAUSE (o) AVOCATCIAL INTERCTION									
4	20, / DUE TO									
	rise to smmediate (b) COI	onary occlusion	on		20 mins.					
lying c	couse (o), stoting the under DUE TO tying couse lost (c) Arteriosclerotic cardio vascular renal disease 1 year									
CATION	Diabetes mellitus	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19 WAS AUTOPS' PERFORMED? YES A NO					
OR CON	CIDENT WAS UNDERLYING 20b. DES TRIBUTING 2 CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)						
	ur o.m. While	NJURY OCCURRED 20e. PL Not while fa k = work =	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) {Stole					
21. I c	ertify that I attended the deceas an 6-16-59, 19		1958 , to 6	<u>−16−</u> , 19 <u>59,</u> † Mr, fram the causes and	hat I last saw the decear					
ACTUAL SIGNATI	RE EdsilgE A	4 Work	•	Street, Cambri	te) DATE SIGN					
NAME (1	ype) Eldridge H. Wol	.ее, и.р√	1 to 10 do to 10 do 10 d	. The state of the						
Bur	CREMATION, 22b. DATE THEREOF June 18,1959	Green Lawn Co	emetery	22d. LOCATION (City, fown, or c	ounly) (State)					
23. SUINERAL	DIRECTOR'S SIGNATURE	ADDRESS Cambrio	ige, Md. 240. REC'E		AR'S SIGNATURE					
Mu	ulka M. Micos	rely		N 1 9 '59 Cat	no & House					

ATTENBING PHYSICIAN: The law requires that the Boath contificate Bare executed within 24 hours ofter death. Rage a may be retained by the hospitol Intending physicion.

O FUNERAL DI OR: After the lificate has been signed by the ottending physician and campil page 3 should we detached for up the burial-transit permit. Then please remove carbon papers the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after-death. by the hospital FOR: After the detached for u TO FUNERAL DI Page 3 should Ne 6 TO HOSESTAL DR

VS A15 (4) 15M 10/57

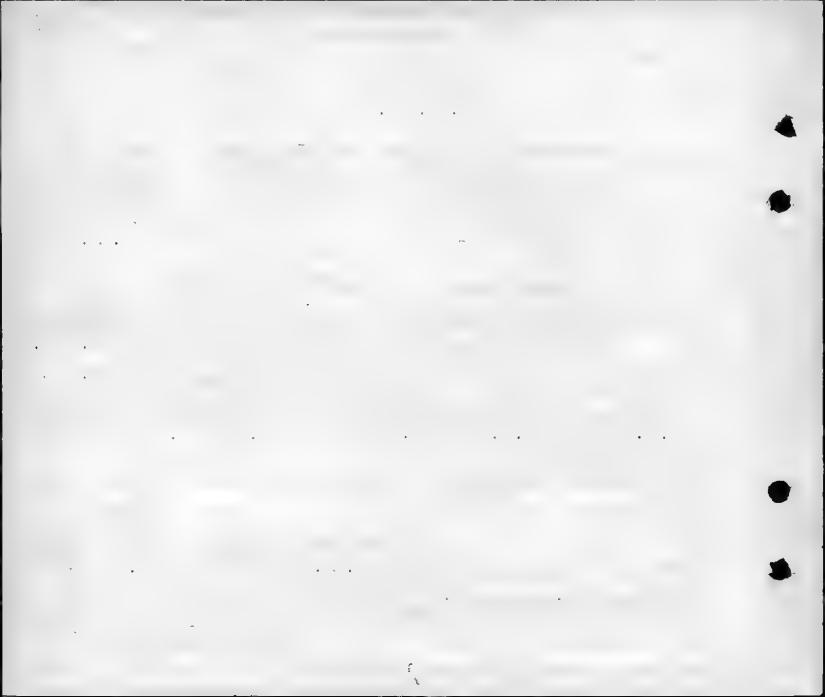


ARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	18
6737	CERTIFICATE	OF DEATH	

M

06720

			R	eg. Dist. No.
1. PLACE OF DEATH 0 COUNTY			re deceased lived. If institution:	
Dorchester	MARYLAND	Maryla	ano	Cecil
 b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) 		c. CITY OR TOWN (If ou	tside corporate limits, write RURA	AL and give nearest town)
Cambridge	3yr.Emo.2das.	Port	~eposit	0118.
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Bastern Shore	State Hospital	-		YES NO [3
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month OF	Day Year
(Type or print) Mary		Pierce	DEATH June	24 1959
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
20110120	DOWED DIVORCED	6-17-69	90 yrs.	ionths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote o	r foreign country)	12 CITIZEN OF WHAT COUNTRY
Housewife	_	Maryla	nd	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	. 1	
William Penn Shade		Mary Dow	itherland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no. or unknown]		NFORMANT	Address	
?		RECORDS - East	tern Shore Stat	e Hospital
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Arterioscleroti	c Heart Disea:	se	Sev. Ters.
420,0 DUE TO				
Conditions, if any, which) (b)	Generalized Art	eriosclerosis		Sev. rs.
gove rise to immediate DUE TO				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITI				IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION Ch. Br. Syndrome Assoc. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W. Smile Br. Ji	sease, With P	sy. Peaction.	PERFORMED? YES NO 13
20a. ACCIDENT WAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in Pa	ort I or Port II of Item 18.)	
<u> </u>		ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
To Hour a. r., p. m. 19	While Not while 1990 of work at work	story, street, office bldg., etc.)		
21. I certify that I attended the de	ceased from Novemb	ner 3655 to	June 21: 1059 4	het I lest som the diseases
				on the date stoted obove
[///	, ond mor deom		DDRESS (Street, city or town, stat	
SIGNATURE / STORE 2.	amer		tal.Cambridge.	
		M.D. TIOTISTICS	our source range	114.
PHYSICIAN'S George E. Curr	ier, M.D.			
270. BURIAL CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d, LOCATION (City, town, or co	Ounty) (State)
	959 Brock Ve	iw fem	Rising Sin	n Ma
23. FUNERAL DIRECTOR'S SIGNATURE	ADBRESS	/ 240. REC'D	BY REGISTRAR 245. REGISTRA	AR'S SIGNATURE
Jemans. 111-1110	le Rising	les hal DATE	UN 26'59 C.	North at Tirend



death Page 4

Med with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06721

246. REGISTRAR'S SIGNATURE

			67	20	C	ERTIFI	CA.	TE OF	DEAT	'H			Reg. D	ist. No.		
1.	PLACE OF DEAL	CHESTER				MARYLAI	ND 3	a. STATMA	IDENCE (Y	Where deceas	ed lived. b.	ountly of	ÖRCHÉ	STE	re admiss	ion)
	ENTIRE I	YN (If outside carp GHarest tawn)	oorate limits,	write	c. LENGTH	OF STAY IN	1b	BISHC		f autside carp HEAD	orote limit	ts, write R	URAL and	give nec	rest tawr)
	d. NAME OF H	SPITAL (IF not in	hospital, give	HOSP	oddress)			d. STREET	ADDRESS		_				e IS RES ON A YES	FARMZ
3.	NAME OF DECEASED (Type or print)		EVA			SULLEN	DER	RUÂ	ÄK	4. DATE OF DEATE	н	JÜÑ	Ë 11	Da		Year 59
	SEX EMALE	6. COLOR WH	TOTAL	- MARRI VIDOWEI		R MARRIED	_ ,	APRII	TH 24 :	1.885	9. AGE	(In years withday) yrs.	Months	Doys	Hours	R 24 HRS Min.
10:	DE HOUSE	PATION (Give kind	i of wark da if retired)	ne 10b. #	OWN H	SINESS OR I	NDUSTR		RYLA		country)			IZENOF	WHATC	OUNTRY?
13.	JOHN P	E SULLENDE	R					MARY								
15. (Ye	WAS DECEASED	(If yes, give wor			NONE	JRITY NO.		ORMANT R RICHA	LRD C	RUARK	BIS	SHOPS) M	ARYL!	ND
		DEATH Enter DEATH WAS CALL	JSED BY:	e per line	e far (a), (b)	ond (c).]	- A - W	arte	- Insil	Lica	ub	721	ره:	ONS	RVAL BE	DEATH
	260 X Conditions,	if any, which)	DUE TO	D	wit	te to	1	me	ell	itu	2				7.	1
		ta immediate thing the under blast	DUE TO													
CERTIFICATION	PART II.	OTHER SIGNIFIC	ANT CONDI	TIONS CO	ONTRIBUTIN	G TO DEATH	BUT NO	OT RELATED T	O THE TER	MINAL D SEA	SE CONDI	ITION GIV	EN N PAI	RT 1(α) 1	9. WAS A PERFO YES [RMED? 🗩
	20a. ACCIDEN OR CONTRIBU (IF EITHER, NO	T WAS UNDERLYING CAUSE OF	NG 1 20 OF DEATH AMINER)	b. DESC	RIBE HOW I	NJURY OCC	URRED.	(Enter nature	of injury i	n Port I ar Po	art II of ite	rm 18.)				
MEDICAL	Haur a		Day, Year 19	20d. IN While of wark	Not wh	ile	e. PLAC facta	E OF INJURY ry, street, affic	(Hame, fo ce bldg., e	rm, 20f. (Ci	ly ar tawn)	(County)		(Stote)
		y that attend	ded the d	lecease		/10	41 -	, 19, 2	/, ta_		/					
	ACTUAL	The	47	(123	اه	na mar ae	earn a	ccurred d		ADDRESS (Street, city			e date	Stated DAT	E SIGNED
	PHYSICIAN'S NAME (Type)	W. H	HA	611	15		M I	704 Cas		BD	~ <u> </u>	ا میر مسیری	Ms	0	111	4)
220	BURIAL CREM	ATION, 22b DAT	IE THEREOF	1959	22c. NAME	rchest	ŤŔ í	ALW PAI	RK	22d. LCC	WBR II	DHE"M	ARYĽ	AND	(Stat	e)

MARYLAND

240. REC'D BY REGISTRAR
DATE JUN 1 5 '59

VS A15 (4) 15M 9/5B

LECOMPTE FUNERAL SERVICE

CAMBRIDGE



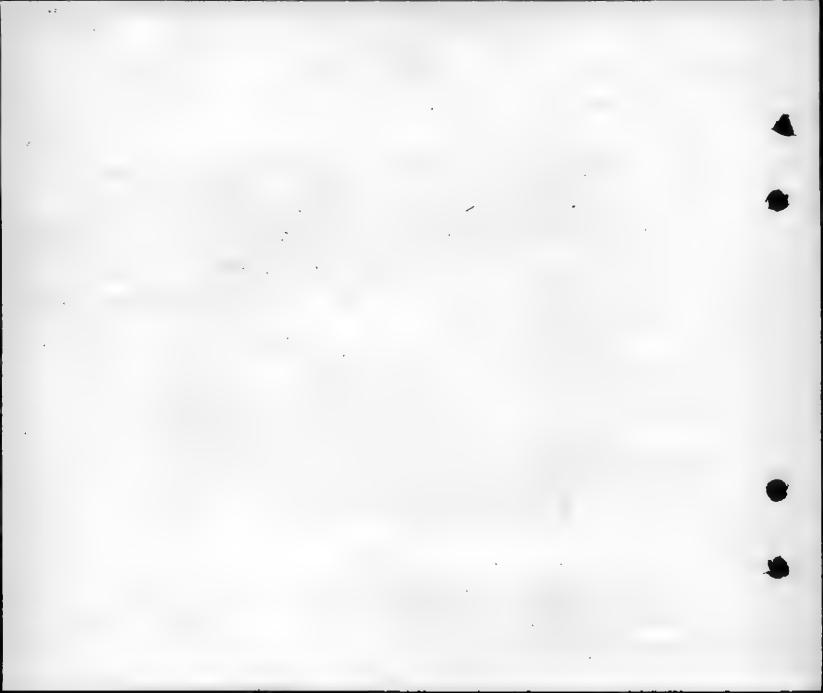
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6738 CERTIFICATE OF DEATH

06723

Reg. Dist. No.

					•
1. PLACE OF DEATH o. COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institution b. COpyr	viion: Residence befo	re admission)
b. CITY OR TOWN (If outside corporate limits, write c. 1	LIFE	c. CITY OR TOWN (IF ON CHURCH CRI	itside corporate limits, write	RURAL and give nee	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddr. OR INSTITUTION	835}	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO TE
3 NAME OF DECEASED (Type or print) ANNIE	JONES S	STEWART	4. DATE M OF DEATH	JUNE 29	19 55
S. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED WIDOWED	1/ 1/	AUG 10, 18	78 9. AGE (In year	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND HOUSEWS Freking life, even if retired)	O OF BUSINESS OR INDUS N HOME	TRY 11. BIRTHPLACE (Stote of MARYLA			WHAT COUNTRY?
JOHN JONES		14. MOTHER'S MAIDEN N. SARAH L	AME ENTHICUM		
(Various and refer at 1997)	NONE	MRS W H HARF		CH CREEK	MARYLAND
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONT	Atteniose	Cerosia NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION C	SIVEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED? YES NO 199
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour a.m. While	RY OCCURRED 20e. PLA Not while foci	O. (Enter noture of injury in P ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or town)	(County)	(Stole)
ACTUAL SIGNATURE OFFICE R. MAME (Type) ALFRED R.	, and that death	w.b. 136	PACE ST BRIDE ST BRIDE ST 22d LOCATION (City, town	and an the date in, state) , MD , or caunty)	stated abave. DATE SIGNED (State)
23. FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL SERVICE	ADDRESS		100	EK MARYI GISTRAR'S SIGNATU Jung S. Krass	RE



Stole

word "pending" in pencil in Item 18. Give Pages 1. 2, and the Marker of Exeminer's Office along with form PM3. Page 5 to contact be used as a burial-transit permit—File pages 1 and 2 with the burial, cremotian, or removal, and if form event within 72 hours after

prior to

ar its designated agent,

vriting to the

Srded t

sory, please for. Page four files. of Health,

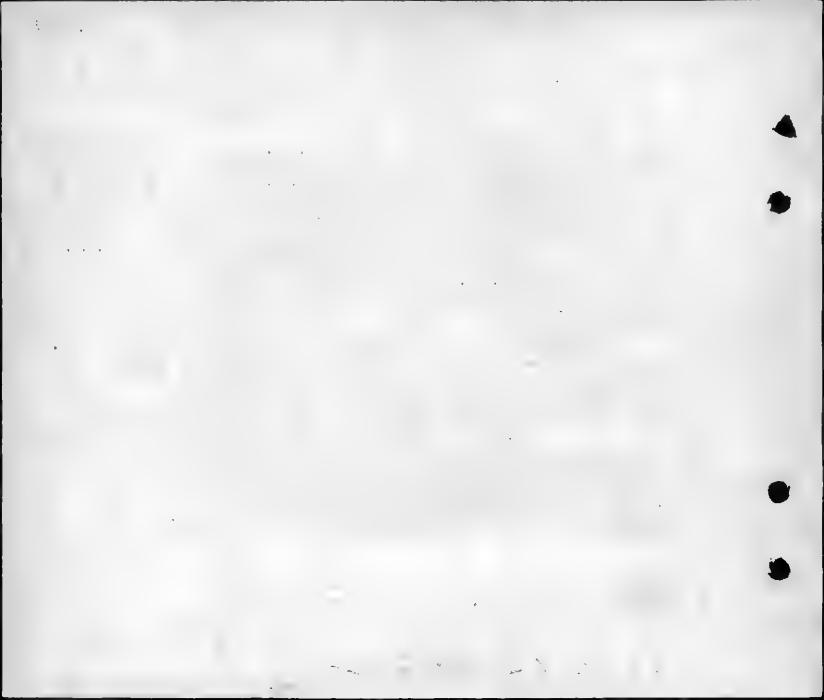
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116724

NCE (Where deceased lived IS institution. Residence before admission) Tyland b. COUNTY Kent WN (If autside corporate limits, write RURAL and give nearest town) LESTETOWN ORESS O IS RESIDENCE
ryland Kent WN (If outside corporate limits, write RURAL and give nearest town) Restertown / * /
WN (If autside corporate limits, write RURAL and give nearest town)
Filed to the property of the p
Filed to the property of the p
F.D. # 2
4. DATE Month Day Year
, Jr. DEATH June 12 19 59
9 AGE PRIVINGS DE LINDER LYEAR DE LINDER 24 HO
920 lest birthday) Manths Doys Hours Min
(State or foreign country) 12. CITIZEN OF WHAT COUNT
land U.S.A.
IDEN NAME
igh Newman
Address
Eastern Shore State Hospital
INTERVAL BETWEEN
ONSIT AND DEATH
7 11120
E TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
PERFORMED?
TIN Part I or Part II of item 18 }
e, farm, 120f. (City or town) (County) (State
g , elc.)
utopsy 🔲, Inspection 🔼 Inquiry 🔲, ond in m
, Homicide . Undetermined monner
DATE SIGNED
CAL EXAMINER []
MEDICAL EXAMINER
DICAL EXAMINER (\$\frac{1}{2}\)
22d LOCATION (City, town, or county) (Sigle)
of salthore, Md.
REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
MIN 1 6 '59 Contract & House
E NA

THE.

A should be care the care the



6721 **CERTIFICATE OF DEATH** 06725

				Keg. L	DIST. NO.
PLACE OF DEATH O. COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE (Wh		ORCHESTER	
b. CITY OR TOWN (If outside corporate limits, write RL &AL and pive nearest town) CAMBRIDGE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		Is, write RURAL and	d give nearest town]
CAMBRIDGE	2 WEEKS	/ CAMBRID	GE		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION GLASGOW NURSING HOME	oddress)	d. STREET ADDRESS	NGHILL AV	E	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Lost	4. DATE	Month	Day Year
(Type or print) ELIZABETH	HAYES	TAYLOR	OF DEATH	JUNE	9 19 5
THE SALE OF THE SA	RIED NEVER MARRIED D	8. DATE OF BIRTH NOV. 15, 1	9. AGE	(In years if UNDE Months yrs.	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU				ITIZEN OF WHAT COUNTRY
during most of working life, even if retired) HOUSEWIFE	OWN HOME	MARYLAN			USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME		
TAYLOR HAYES		JOEPHINE S	HORTER		
(Yes, no_or_unknown) 1 (If yes, give war or dates of service)		NFORMANT		Address	
NO	JNKNOWN M	OR THURMAN SHO	rter cm	MBRIDGE	MARYLAND
PART I. DEATH (Enter only one couse parties PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause lost. [c]	pertense	in Vascu	scler las Di	colis-	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	nal disease cond	TION G VEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enler noture of injury in I	Port I or Part II of ite	am: 18)	
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	Not while fa	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		1)	(County) (State
21. I certify that I attended the deceas	sed from 11-29-58	19 10 6	-9-59	. 19that I	last saw the decease
alive an6-2-59 19					he date stated above
ACTUAL SIGNATURE DE BEY DE B	unker		ADDRESS (Street, city		DATE SIGNE
PHYSICIAN'S Albert E. Bunker,	M. D.	Cambridge	, Marylan	d	
220. BURIAL (Specify) 22b. DATE THEREOF JUNE 12, 195	22c. NAME OF CEMETERY OF GREENLAWN C		22d LOCATION (C) (Stole) LAND
23 FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL SERVICE	CAMBRIDGE MA		BY REGISTRAR JN 1 5 759	24b. REGISTRAR'S	

death. Page 4 M

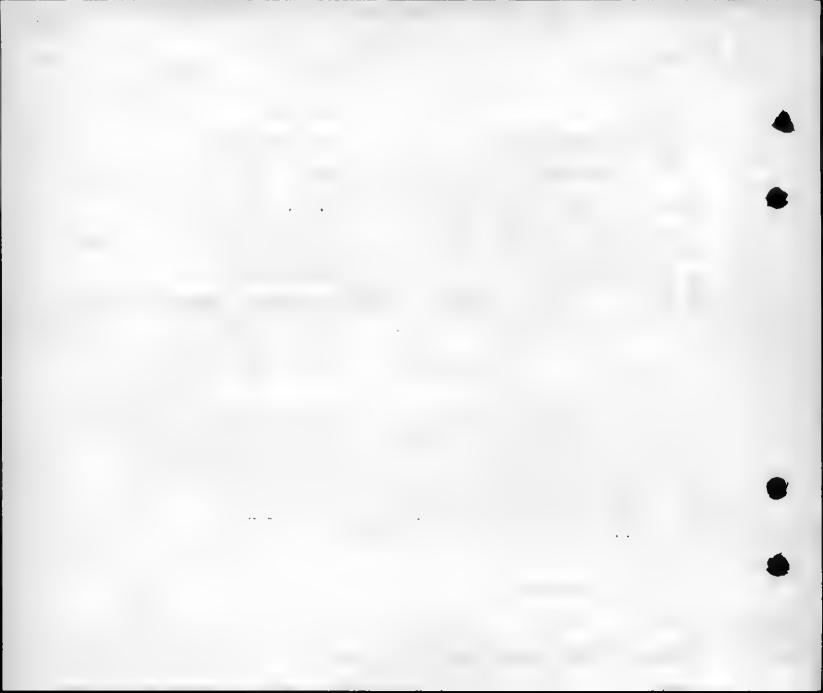
filled in by the Linesol Birector, ges 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours thending physician. Then please remove carbon the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after

may be retain the haspita tending physician.

TO FUNERAL DI TOR: After the tracte has been signed by page 3 shauld be detached for use as the burial-transit permit.

TO HOSPITAL OR VS A15 (4) 15M 9/58

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Cambridge, Md.

DATE

FuneralHome

AISME

5M 2/57



24g. REC'D BY REGISTRAR

DATES 11 1 2 '59

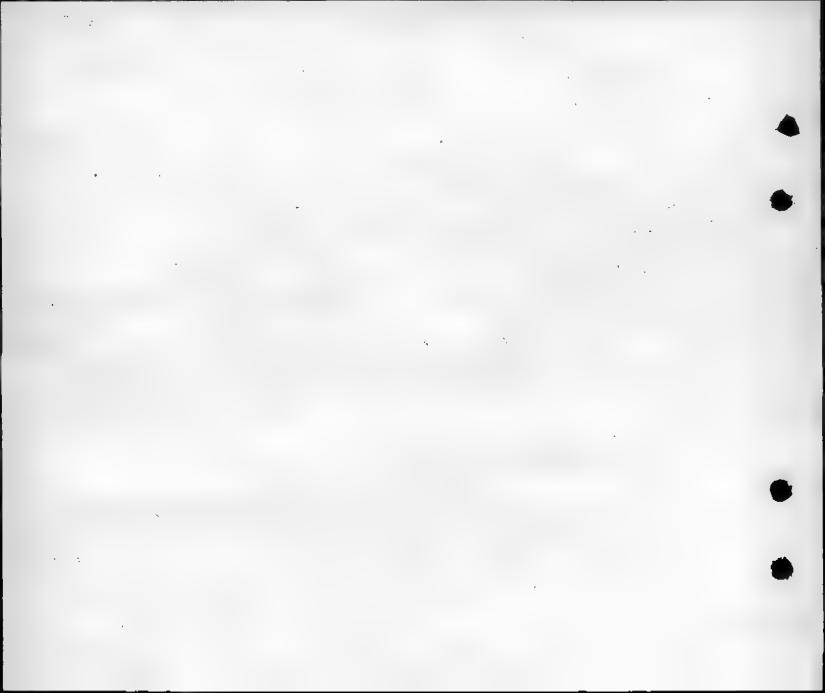
MARYLAND

24b. REGISTRAR'S SIGNATURE

Ciriling S. France

AS WITH THOSE AS WELL AND A SAN BANDE OF THE PROPERTY OF THE P

death



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6724

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE REPLESTI	ER	MARYL	2. USUAL RESIDENCE	(Where deceased lived,	If institution: Resi	RCHESTE	(mission)
CAMBREDO	f outside corporate limits, prest town)	c. LENGTH OF STAY IN	HOOPERS	(If outside corporate lin	nits, write RURAL or	nd give nearest	town)
CAPERIDGEN	MARYLAND HOS	street address)	d. STREET ADDRES	SS		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	SAMUEL	Middle	TYLER	4. DATE OF DEATH	jüne	174	Yeor 59
MALE	MHTJE	MARRIED NEVER MARRIED	□ JUNE 12 1	lost	E (In years IF UNI birthdoy) Month	DER 1 YEAR IF U	NDER 24 HRS. urs Min.
10g. USUAL OCCUPATION	DN (Give kind of work don king life, even if retired)	106. KIND OF BUSINESS OR SEAFOOD	INDUSTRY 11. BIRTHPLACE (S MARYLA	State or foreign country)	12.6	USA	AT COUNTRY?
13. FATHER'S NAME BI	ENJAMIN TYLE	R	ELIZA ME				
15. WAS DECEASED EVE (Yes) Opt unknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	16. SOCIAL SECURITY NO. NONE	ACKLEY TYL	ER FISHING	CREEK	MARYLAN	ID .
PART I. DEA LA LA LA LA Conditions, if o gove rise to i couse (a), stating	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate (b)	Orter	News dero	inhage	9	INTERVA ONSET A	L BETWEEN ND DEATH
CATIC		IONS CONTRIBUTING TO DEAT		ERMINAL DISEASE CON		PE	AS AUTOPSY REFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)	D. DESCRIBE HOW INJURY OCC	ų				
Y 20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED 2 While Not while of work of work	Oe. PLACE OF INJURY (Home, factory, street, office bldg.	form, 20f. (City or tov., etc.)	vn)	(County)	(State)
ACTUA SIGNATURE PHYSICIAN'S NAME (Type)	At Hottended the de	eceased fram / 12 1959, and that of	19 59, ta death occurred at 4 M.D. 10 4	M, from the constraint of the	ME	the date sto	nted abave.
BURNOVIII (Specify)	JUNE 10,		MEMORIAL CEM.	FISHIN	G CREEK	MARYLA	Stote)
23. FUNERAL DIRECTOR	S SIGNATURE UNERAL SERVI	CE CAMBRIDGE	MARYLAND . 240.	JUN 1 6 '59	24b. REGISTRAR'S	SIGNATURE S. Tisaus	

death. Page 4

M

Pages 1 and 2 should be filed with in 24 hours death.

Then please remave carbon popers. ATTENDING PHYSICIAN: The law requires that the death certificate be executed rtificate has been signed by the ottending physician and camp the registrar priar ta burial, cremation, or removal, and in any event within 72 hayer after may be retain by the hospital attending physicion.

TO FUNERAL DESCRIPE: After the rifficate has been signed by page 3 should be detached far use as the burial-transit permit. TO HOSPITAL OR

VS A1S (4) 15M 9/58

THE STATE OF THE PARTY OF THE P CITY OF ELL IN MOU NEXT WAS ASSETTED BY the large to some other contra GRATERIA GUETARE MARRIEDA NAME OF TAXABLE CHAPTER STATE DELICES DELICE TAXABLE TO THE Letters with strain to A Champoor par and show and the same of the STALLERS AND A LITTLE OF THE PARTY OF THE PA THE LOCAL PROPERTY OF THE PARTY OF THE PARTY

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MA	RYLAND ST	TATE DEPART	MENT OF HEALT	H-BALTIMORE	. 18	1167
6725	MEDICAL	LEXAMINE	R'S CERTIFICAT	TE OF DEATH	Reg. Dist. N	

1.	POWER TATA	ER		MARY	LAND	2. USUAL RESIDENCE O. SMIRRYLA			ORCHE			tsion)
l.	CAMBREDO	(If outside corporate limits, write)	e RURAL	3 HOURS	IN 1b	200	N (If outside co RIDGE	rporote limits, write	RURAL ond	give ne	arest tax	wn)
·	NATIONA	L CAN CO	If not in hos	pital, give street address	1)	street Address	ss ADMEY S	TREET			ON	A FARM?
	NAME OF DECEASED (Type or print)	мпьгокі)	Middle PAUL	1	WEBSTER	4. DATE OF DEATH	JUNE		Day		ear 9 59
5. 9	MALE	6. COLOR OR RACE WHITE	7. MARRII	DIVORCED	_	FEB 21 19	05	9. AGE (In years lost birthdoy) 54 yrs.	Months E	YEAR	Hours	ER 24 HRS. Min.
100	USUAL OCCUPA NATITO N WAY	TION (Give kind of work ling life Appen (Corired)		ABORER	INDUST	11. BIRTHPLACE (S MARYLA)		country)	12. CITIZ	EN OF		COUNTRY
13.	FATHER'S NAME	JOHN WEBSTE	R			14. MOTHER'S MAIDE LENA EWI						*
	WAS DECEASED No. KNOWN	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 14 07 8210		FORMANT MRS HELEN V	WEBSTER	Address CAMBRID	GE MA	RYL	AND	
	Conditions, if gove rise to Imm (o), stoting the cause lost.	underlying DUE TO	A	cute myoc rterioscl	ero	tic C-V	diseas			ONSET 5	AL BETWE AND DEA Min	L.
CATION		THER SIGNIFICANT CON	DITIONS <u>CC</u>	DNTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	EN IN PART			RMED?
L CERTIF		H.		HOW INJURY OCCUR				l of item 18.)				
MEDICAL	20c. TIME OF IN. Hour o. n p. n	n.	White		focto	E OF INJURY (Home, in property, street, office bldg.,	form, 20f. (Ci	y or town)	(Сові	nly)		(State)
	deoth results ACTUAL SIGNATURE EXAMINER'S	that I took charge and from Natural	causes [Accident [],		CHIEF MEDICA	ide , L	ER .	cause [].		and i	find that
22	NAME (Type) POPERAL CREMAT REMOTAL (Speci	John Mac		3° "DORCHES	řĚŘ	CREMATORY MEN PARK		ATION (City, town,		13/ ND	(Stole	u)
23-	ECOMPTETO	FUNERAL SER	VICE	CAMBRIDGE I	MARY	4.74 1011.3	EC'D BY REGIS		STRAR'S SIG			

TO DEPUTY MEDICAL EXAMINER: This mentificate should be executed within 24 haurs ofter death. If any delay is accessory, please execute the certificate, writing the world "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to fit funeral direction is accessory, please a should be forwarded to Chief Medican Soffice along with farm PM3. Page 5 may be cetain to your files.

TO FUNERAL DIRECTOR: Page 3 would be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal. cute the certificate, writing the forwarded to Chief Medi

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VS. A15ME(5) 5M 9/55

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